

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017650

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4601

STATE FILE NUMBER

FILED MAY 2 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
1 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY

c. CITY OR TOWN St. Louis Mo

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1422 Farrar Rear

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Willie J. Gilliland

4. DATE OF DEATH Month Day Year  
April 25 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-24-1924 37

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired)

Welder

10b. KIND OF BUSINESS OR INDUSTRY

Nooter Corp.

11. BIRTHPLACE (City and state or country)

Alabama

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J.D. Gilliland

13b. MOTHER'S MAIDEN NAME

Mattie Price

13c. NAME OF HUSBAND OR WIFE

Dorothy Gilliland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

78

17. INFORMANT

Dorothy Gilliland - 1422 Farrar Rear

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anaplastic carcinoma, primary site unknown

INTERVAL BETWEEN ONSET AND DEATH  
5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/14/56 to 4/25/63 and last saw him alive on 4/25/63  
Death occurred at 3:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
C.D. Vermillion, M.D.

M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED  
4/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-27-1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

23d. LOCATION (City, town, or county)

St. Louis Co. Mo

24. FUNERAL DIRECTOR

Edw. Koch + Son - 3516 North 14th

25. DATE RECD. BY LOCAL REG.

APR 28 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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FACT-201 337/AN

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No: \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.